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appropriate. All further	correspondence includired below or directed other.	ng the	Patent, advance or	rders and notification	of n orres	naintenance fees waspondence address;	/ill be n and/or	nailed to the current of (b) indicating a separ	ould be completed where correspondence address as ate "FEE ADDRESS" for		
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Patrick G. Burns, Esq. GREER, BURNS & CRAIN, LTD. Suite 2500					I her State addr trans	reby certify that the es Postal Service we ressed to the Mail	is Fec(s) tith suff Stop I	of Mailing or Transm ) Transmittal is being icient postage for first SSUE FEE address a ) 273-2885, on the da	deposited with the United class mail in an envelope bove, or being facsimile		
300 South Wacker Drive 07/19/2007 HD HESS 00000122 10795788			,		<u> </u>	Joseph	7		(Depositor's name) (Signature)		
01 FC:1501 02 FC:1504		1400.00 OP 300.00 OP		ţ		7/13/07			(Date)		
APPLICATION NO.	FILING DATE			FIRST NAMED INVEN		FOR ATTORNEY DOCKE		NEY DOCKET NO.	CONFIRMATION NO.		
10/795,788	10/795,788 03/08/2004 LE OF INVENTION: EXPOSURE MASK AND PATTERN EXPO			•			0828.69989	7705			
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APPLN. TYPE	SMALL ENTITY	IS	SUE FEE DUE	PUBLICATION FEE I	DUE	PREV. PAID ISSUI	FEE	TOTAL FEE(S) DUE	DATE DUE		
nonprovisional	NO 		\$1400	\$300		\$0 1		\$1700	07/20/2007		
<del></del>			ART UNIT	CLASS-SUBCLASS	3	]					
ROSASCO, S		CUC	1756	430-005000	.1			<u> </u>			
<ul> <li>Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).</li> <li>□ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.</li> </ul>				2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  GRAIN LIED							
Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.				(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.							
. ASSIGNEE NAME AT	ND RESIDENCE DATA	\ ТО В	E PRINTED ON T	THE PATENT (print of	or typ	pe)					
PLEASE NOTE: Unle		ified be	low, no assignee	data will appear on t	he pa	atent. If an assign	ee is ide	entified below, the doc	cument has been filed for		
(A) NAME OF ASSIC				(B) RESIDENCE: (C	CITY	and STATE OR C	OUNTE	RY)			
SHARP KABI	USHIKI KAIS	HA		Osaka, J	apa	an		•	•		
Please check the appropri	ate assignee category or	catego	ries (will not be pr	inted on the patent):		Individual 🛱 Co	rporatio	n or other private grou	p entity Government		
la. The following fee(s) a  Issue Fee  Publication Fee (N  Advance Order - #	o small entity discount p	ermitte		A check is enclose Payment by credit	ed. it care	d. Form PTO-2038	is attac		ciency, or credit any extra copy of this form).		
			<del></del>	overpayment, to I	Depo	sit Account Numbe	r_07_	2069 (enclose an	extra copy of this form).		
	us (from status indicated SMALL ENTITY statu			☐ b. Applicant is no	long	ger claiming SMAL	L ENT	ITY status. See 37 CFI	R 1.27(g)(2).		
NOTE: The Issue Fee and neterest as shown by the re	Publication Fee (if requeecords of the United Sta	uired) v tes Pate	vill not be accepted ent and Trademark	d from anyone other the Office.	han tl	he applicant; a regi	stered at	torney or agent; or the	assignee or other party in		
Authorized Signature	Joseph P. 5	, e+				Date	///3	107			
Typed or printed name	. ( Josen	h P	Fox			Registration N	o. <u>41</u>	,760	<del> </del>		
This collection of information application. Confident submitting the completed his form and/or suggestion.	ntion is required by 37 C iality is governed by 35 application form to the ons for reducing this but	FR 1.3 U.S.C. USPT	11. The information 122 and 37 CFR O. Time will vary to the	on is required to obtain 1.14. This collection is depending upon the e Chief Information C	or reis esti	etain a benefit by the imated to take 12 midual case. Any co	he public ninutes mments Tradema	c which is to file (and to complete, including on the amount of times	by the USPTO to process) gathering, preparing, and e you require to complete tment of Commerce, P.O.		

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01PE		<b>PART I</b>	B - FEE(S) TRANS	MITTAL (							
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	2007		· Co	mmissioner for Pate O. Box 1450	ents						
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	<i>E</i> /		· · · · · · · · · · · · · · · · · · ·	71)-273-2885							
INSTRUCTION FEE (if required). Blocks I through 5 should be completed wher appropriate. All familier correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address a indicated unless corrected below or directed otherwise in Block I, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee patifications.											
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Fee(s) I ransmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, mus have its own certificate of mailing or transmission.											
Patrick G. Burns, Esq.  GREER, BURNS & CRAIN, LTD.  Suite 2500  Suite 2500  Od/20/2007  Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.											
	S & CRAIN, LTD.	•	Sta	tes Postal Service with suf	flicient postage for first	class mail in an envelope					
Suite 2500	ъ.		tran	smitted to the USPTO (57	1) 273-2885, on the da	above, or being facsimile te indicated below.					
300 South Wack Chicago, IL 6060				Joseph P.	Fox	(Depositor's name)					
·	00			Joseph P. To		(Signature)					
				07/13/07		. (Date)					
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR	ATTO	RNEY DOCKET NO.	CONFIRMATION NO.					
10/795,788	. 03/08/2004		Tetsuya Fujikawa		0828.69989						
TITLE OF INVENTION		ND PATTERN EXPOSU			0020.09909	7705					
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APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE					
nonprovisional	NO	\$1400	\$300	\$0	\$1700	07/20/2007					
EXAMINER · ART		ART UNIT	CLASS-SUBCLASS								
ROSASCO, STEPHEN D 1756		1756	430-005000	•							
1. Change of corresponde CFR 1.363).	nce address or indicatio	n of "Fee Address" (37	2. For printing on the p	atent front page, list	CDEED	DIDIG 0					
Change of correspo	ondence address (or Cha	nge of Correspondence	(1) the names of up to or agents OR, alternation	3 registered patent attorn	=						
Address form PTO/SB	/122) attached. cation (or "Fee Address		(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to								
Number is required.	2 or more recent) attach	ed. Use of a Customer	2 registered patent attorneys or agents. If no name is listed, no name will be printed.								
3. ASSIGNEE NAME AN	ND RESIDENCE DATA	A TO BE PRINTED ON T	THE PATENT (print or typ	pe)							
PLEASE NOTE: Unle recordation as set forth	ess an assignee is identi in 37 CFR 3.11. Comp	ified below, no assignee pletion of this form is NO	data will appear on the part of a substitute for filing an	atent. If an assignee is id	entified below, the doc	cument has been filed for					
(A) NAME OF ASSIG	INEE			and STATE OR COUNT							
SHARP KABU	JSHIKI KAIS	HA	Osaka Jana			•					
Please check the appropriate assignee category or categories (will not be printed on the patent):											
•		categories (will not be pr	inted on the patent):	Individual Corporation	on or other private grou	p entity U Government					
4a. The following fee(s) a  X Issue Fee	re submitted:	4b	Payment of Fee(s): (Plea	se first reapply any previ	lously paid issue fee sh	own above)					
	small entity discount p	nermitted)	A check is enclosed.  Payment by credit card. Form PTO-2038 is attached.								
Advance Order - #	of Copies		The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 07-2069 (enclose an extra copy of this form).								
5 Change in Entity State	us (from status indicates	l shave)	overpayment, to Depos	sit Account Number <u>07-</u>	-2069 (enclose an	extra copy of this form).					
5. Change in Entity Status (from status indicated above)  \[ \begin{align*} \text{ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.} \end{align*} \]  b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).											
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Authorized Signature	Soud P. J		Office.	Date 7/13	5/01						
Typed or printed name	Josep	h P. Fox									
Registration 140.											
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